11/98

<u>DECLARA</u>	TION FOR USA PATENT A (including Design and Nation	Attorney's	Docket ID: P07367US
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as st below) or an original, first and joint inventor (if plural nar	tated below adjacent to my name. I believe I and the listed below) of the subject matter which	m the original, first and sole invento h is claimed and for which a patent i	r (if only one name is listed s sought
on the invention entitled: Multi-layer hollow body, meth	od for manufacturing such a hollow body, a	nd compression-blow-moulding	
ne specification of which:	"Multi-layer hollow	body, method for	manuracturing
is attached hereto.	such a hollow body,	<del>-</del>	-prom-monrgip
$\frac{X}{was}$ filed on Sept. 13, 2001	mould"	or PCT International Applic	ation No.
was ned on Sept. 13, 2001	as 0.5. Application No.	or i CT uncmational Applic	ation ivo.
and (if applicable) was amended on			
hereby state that I have reviewed and understand the coeferred to above. I acknowledge the duty to disclose info	ontents of the above-identified specification, incommended in the patentability as de	cluding the claims, as amended by a fined in 37 CFR 1.56.	iny amendment specifically
hereby claim foreign priority benefits under 35 U.S.C. nternational application which designated at least one cotor claimed, any foreign application for patent or inventoriority is claimed ADDITIONAL APPLICATIONS	119(a)-(d) or 365(b) of any foreign application of the than the United States of America, is certificate, or any PCT International applicates IDENTIFIED ON ATTACHED SHEET)	on(s) for patent or inventor's certific listed below and have, also identification, having a filing date before that	cate, or 365(a) of any PCT ed below, where priority is of the application on which
Prior Foreign Application No.	Country	Day/Month/Year Filed	Priority Not Claimed
00.11835	FRANCE	14/09/2000	
hereby claim the benefit under 35 U.S.C. 120 of any U.S. natter of each claims of this application is not disclose cknowledge the duty to disclose information which is mpplication and the national or PCT filing date of this appl	application(s), or 365(c) of any PCT application in the prior U.S. or PCT application in the aterial to patentability as defined in 37 CFR 1. lication. ( ADDITIONAL APPLICATIONS	on designating the U.S., listed below manner provided by the first para 56 which became available betweer BIDENTIFIED ON ATTACHED SI	y; and insofar as the subject graph of 35 U.S.C. 112, I the filing date of the prior HEET.)
U.S. or PCT Parent Application No.	Parent Filing Date (Day/Mont	h/Year) Parent Patent	No. (if applicable)
hereby declare that all statements made herein of my outlier that these statements were made with the knowled	own knowledge are true and that all statements	s made on information and belief a nade are punishable by fine or impri	re believed to be true; and sonment, or both, under 18
S.C. 1000 and that such willful false statements may jec		Citizenship BELGIUM	
Given Name (first FIRST INVEN	NTOR	Family Name	
and middle [if any]) JULES-JOSEPH		or Surname VAN SCHAFTE	NGEN
Full Post Office AVENUE S. de WALHAIN, 2 Address B-1300 WAVRE (Belgium)			
Residence - City, State/Country SAME AS ABOVE			
(if different from PO address)			
SIGN AND DATE HERE Inventor's Signature Joyll f.d.	Latin	Date September	15, 2001
SECOND JOINT I	NVENTOR	Citizenship	
Given Name (first		Family Name or Surname	
and middle [if any]) Full Post Office Address		Of Surfame	
Residence - City, State/Country SAME AS ABOVE (if different from PO address)			
SIGN AND DATE HERE Inventor's Signature		Date	
THIRD JOINT INVENTOR		Citizenship	
Given Name (first (if any)		Family Name	
nd middle [if any]) ull Post Office		or Surname	
Address Residence - City, State/Country SAME AS ABOVE			
if different from PO address)			
DATE HERE Inventor's Signature		Date	
FOURTH JOINT INVENTOR (if any)		Citizenship	
Given Name (first and middle [if any])		Family Name or Surname	
Full Post Office Address			
Residence - City, State/Country SAME AS ABOVE (if different from PO address)			
SIGN AND		Date	11

LARSON & TAYLOR • 1199 North Fairfax Street • Suite 900 • Alexandria Virginia 22314